garded as evidence of the nervous origin of the disease in any particular case, but must be looked upon simply as a complication. In a case of diabetes with gross lesion of the nervous system, the knee-jerks were present. Symptoms of neuritis are present more frequently in patients whose knee-jerks are absent, than in those whose knee-jerks are present. The positive pathological evidence explains the loss of knee-jerks in some cases, still in other cases, the clinical facts support the view of a toxic functional cause. Many things influence the course of diabetes, and it is difficult to come to a definite conclusion regarding the prognostic value of a single symptom. Still the author's statistics point to the absence of knee-jerks as a sign rendering the prognosis decidedly more unfavorable. The proportion of cases of diabetes that suffer from marked symptoms of peripheral neuritis is very small, but those presenting slight symtoms are common. The facts seem to indicate that the neuritis is not due directly to the presence of an excess of sugar in the blood. The changes in the nerves are probably due to the poverty of the tissue in water, the general disturbance of nutrition, acetone, or some unknown chemical substance in the blood. A. F.

ANATOMICAL.

On Disturbances on Hearing in Cerebro Spinal Meningitis, and their Anatomical Basis. —In the Zeitschrift f. Klin. med. Bd. xviii. Schwabach reports the case of a woman 32 years of age, who, as a result of cerebro spinal meningitis, became completely deaf in the right ear for all sounds. There was also pronounced deafness on the left side. In the left ear she could only distinguish the higher notes of the tuning fork such as C. II and C. IV.

The microscopical examination revealed: a turgid filling of the vessels in the course of the auditory nerve, and in all portions of the labarynth; purulent infiltration of the dural sheath of the auditory nerve; abundant extravation between the partly preserved mesial fibres and extensive destruction in its peripheral portion, especially before its entrance in the central stem of the bony cochlea (right, more than left). In addition to the bilateral inflammation of the labarynth, there was fibrinous purulent inflammation of the right tympanic cavity, while upon the left side it was in a state of complete preservation. From this it follows that the theory is untenable which assumes that in affections of the sound-conducting apparatus, there exists a special diminution of the deep tones, and in those of the sensory apparatus a diminution of the high tones. Further investigation showed extensive lesion of the superior coils of the left cochlea, while the changes in the inferior coil were only slight. This condition together with the absence of perception of the deeper tones favors Helmholtz's theory, according to which the nerve fibres in the region of the round window serve to promote the perception of the higher tones, while those situated in the superior portion are destined for the perception of deeper tones.

A case under Leyden's observation proves that acute otitis media may appear as the initial symptom of cerebro spinal meningitis. (*Neuorolog Centrbl.* No. 24, 1892.) W.M.L.

THERAPEUTICAL.

The Diet in Epilepsy.—(G. M. Hammond, Merck's Bulletin, Dec. 1892). No absolute rules regulating the diet can be formulated which are equally applicable to all cases. Adults who have only suffered from a few seizures, merely need a warning not to overload the stomach and to avoid what experience has shown to be indigestable. When however, the disease has followed excesses in eating and drinking the greatest care is necessary to keep the intestinal tract free from irritation and a simple non-irritating diet is called for. The ideal diet for severe cases of epilepsy is one that contains small quantities each of proteids, fats, and carbo-hydrates. For this purpose skimmed milk alone should be used and continued until the patient has been from one to three months without an attack. In the functional epilepsy of infancy an improper diet plays a more conspicuous part in the etiology than all other sources of irritation combined. In such cases peptonized and sterilized skimmed milk is indicated, and should be continued until the age of four years. Even after this, milk should be the most important element of the diet until the seventh or eighth year. In organic epilepsy, such as results from pathological conditions within the brain, a careful and restricted diet should be maintained as long as the patient lives. Such cases are incurable, but the frequency of the attacks can be minimized by proper diet. The prognosis of the disease is materially